HILLSIDE HEALTHCARE CENTER

8726 WEST MILL ROAD

MI LWAUKEE Phone: (414) 353-4100 Ownership: Corporati on 53225 Operated from 1/1 To 12/31 Days of Operation: 366 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/00): 35 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/00): 39 Average Daily Census: 25 Number of Residents on 12/31/00: 29

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Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%				
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	44. 8
Supp. Home Care-Personal Care	No					1 - 4 Years	31. 0
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	6. 9	More Than 4 Years	24. 1
Day Services	No	Mental Illness (Org./Psy)	44.8	65 - 74	24. 1		
Respite Care	No	Mental Illness (Other)	10. 3	75 - 84	44. 8		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	3.4	85 - 94	20. 7	****************	******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	6. 9	95 & 0ver	3. 4	Full-Time Equivalen	t
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	3. 4		100.0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	3. 4	65 & 0ver	93. 1		
Transportation	No	Cerebrovascul ar	10. 3			RNs	3. 4
Referral Service	No	Diabetes	6. 9	Sex	%	LPNs	7. 2
Other Services	No	Respi ratory	10. 3			Nursing Assistants	
Provi de Day Programmi ng for		Other Medical Conditions	0.0	Male	20. 7	Aides & Orderlies	35. 6
Mentally Ill	No			Femal e	79. 3		
Provi de Day Programming for		İ	100.0				
Developmentally Disabled	No	I			100. 0		

Method of Reimbursement

		Medi	care		Medio	ai d											
		(Title 18) (Ti		(Title 19)			Other Pri		Private Pay			Manage	ed Care	Percent			
			Per Die	em		Per Die	m		Per Die	m		Per Diem	ı		Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0. 00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	_		\$258. 33	20	90. 9	\$104.58	0	0. 0	\$0.00	3		\$145.00	-		\$263. 75	27	93. 1%
Intermediate				2	9. 1	\$87.05	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	2	6. 9%
Limited Care				0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0%
Personal Care				0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0%
Residential Care				0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0%
Dev. Di sabl ed				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain In	j. 0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depende	nt 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	2	100.0		22	100. 0		0	0.0		3	100.0		2 1	100. 0		29	100. 0%

HILLSIDE HEALTHCARE CENTER

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condi t	i ons, Servi ces	, and Activities as of 12/3	31/00
Deaths During Reporting Period							
					% Needi ng		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	8. 7	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent 1	Resi dents
Private Home/With Home Health	0.0	Bathi ng	6. 9		27. 6	65. 5	29
Other Nursing Homes	47.8	Dressi ng	10. 3		24. 1	65. 5	29
Acute Care Hospitals	43. 5	Transferri ng	13. 8		58 . 6	27. 6	29
Psych. HospMR/DD Facilities	0.0	Toilet Use	10. 3		48. 3	41. 4	29
Rehabilitation Hospitals	0.0	Eating	44. 8		17. 2	37. 9	29
Other Locations	0.0	***************	******	******	*******	*********	******
Total Number of Admissions	23	Continence		%	Special Trea	tments	%
Percent Discharges To:		Indwelling Or Externa	al Catheter	6. 9	Recei vi ng	Respiratory Care	3. 4
Private Home/No Home Health	5.3	0cc/Freq. Incontinent	of Bladder	65. 5	Recei vi ng	Tracheostomy Care	0. 0
Private Home/With Home Health	5.3	0cc/Freq. Incontinent	of Bowel	65. 5	Recei vi ng	Sucti oni ng	3. 4
Other Nursing Homes	10. 5				Recei vi ng	Ostomy Care	0. 0
Acute Care Hospitals	0.0	Mobility			Recei vi ng	Tube Feeding	17. 2
Psych. HospMR/DD Facilities	0.0	Physically Restrained	i	0.0	Recei vi ng	Mechanically Altered Diets	51. 7
Rehabilitation Hospitals	0.0						
Other Locations	0.0	Skin Care			Other Reside	nt Characteristics	
Deaths	78. 9	With Pressure Sores		6. 9	Have Advan	ce Directives	100. 0
Total Number of Discharges		With Rashes		0.0	Medi cati ons		
(Including Deaths)	19				Recei vi ng	Psychoactive Drugs	34. 5
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	Ov		Ownershi p:		Si ze:	Li c	ensure:		
	Thi s	Proj	ori etary	Unde	er 50	Ski l	lled	All	Į
	Facility	Peer	Group	Peer Group		Peer	Group	Faci l	ities
	%	%	Rati o	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	64. 1	74.6	0. 86	74. 2	0.86	81. 9	0. 78	84. 5	0. 76
Current Residents from In-County	100	84. 4	1. 18	85.6	1. 17	85. 6	1. 17	77. 5	1. 29
Admissions from In-County, Still Residing	56 . 5	20. 4	2. 78	30. 4	1. 86	23. 4	2. 41	21.5	2. 63
Admissions/Average Daily Census	92. 0	164. 5	0. 56	95.0	0. 97	138. 2	0.67	124. 3	0.74
Discharges/Average Daily Census	76. 0	165. 9	0.46	103.0	0.74	139. 8	0.54	126. 1	0.60
Discharges To Private Residence/Average Daily Census	8. 0	62.0	0. 13	8. 0	1. 01	48. 1	0. 17	49. 9	0. 16
Residents Receiving Skilled Care	93. 1	89. 8	1. 04	73. 4	1. 27	89. 7	1.04	83. 3	1. 12
Residents Aged 65 and Older	93. 1	87. 9	1.06	96. 3	0.97	92. 1	1.01	87. 7	1.06
Title 19 (Medicaid) Funded Residents	75. 9	71. 9	1. 06	50. 5	1. 50	65. 5	1. 16	69. 0	1. 10
Private Pay Funded Residents	10. 3	15. 0	0. 69	45. 2	0. 23	24. 5	0.42	22.6	0.46
Developmentally Disabled Residents	0. 0	1. 3	0.00	0.0	0.00	0. 9	0.00	7. 6	0.00
Mentally Ill Residents	55. 2	31. 7	1.74	52.7	1.05	31. 5	1. 75	33. 3	1.65
General Medical Service Residents	0. 0	19. 7	0. 00	8. 0	0.00	21.6	0.00	18. 4	0.00
Impaired ADL (Mean)	66. 2	50. 9	1. 30	51.9	1. 28	50. 5	1.31	49. 4	1.34
Psychological Problems	34. 5	52. 0	0. 66	36. 7	0.94	49. 2	0. 70	50. 1	0. 69
Nursing Care Required (Mean)	10. 3	7. 5	1. 38	6. 4	1.60	7. 0	1.47	7. 2	1.45